

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Child of Philip Bowman

Died at *Accident* Town *Accident* County *Gorrett* MARYLAND

Date of death *1905 Aug 21* Age *—* Years *—* Months *—* Days *4 hours*

Sex *Female* Color or Race *white* Birth-place *Accident Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Philip Bowman* Father's Birthplace *Md*

Mother's Maiden Name *Emma Bughly* Mother's Birthplace *Accident Md*

Name of person giving information *Philip Bowman* How related to deceased *father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Premature Birth* How long *10 weeks*

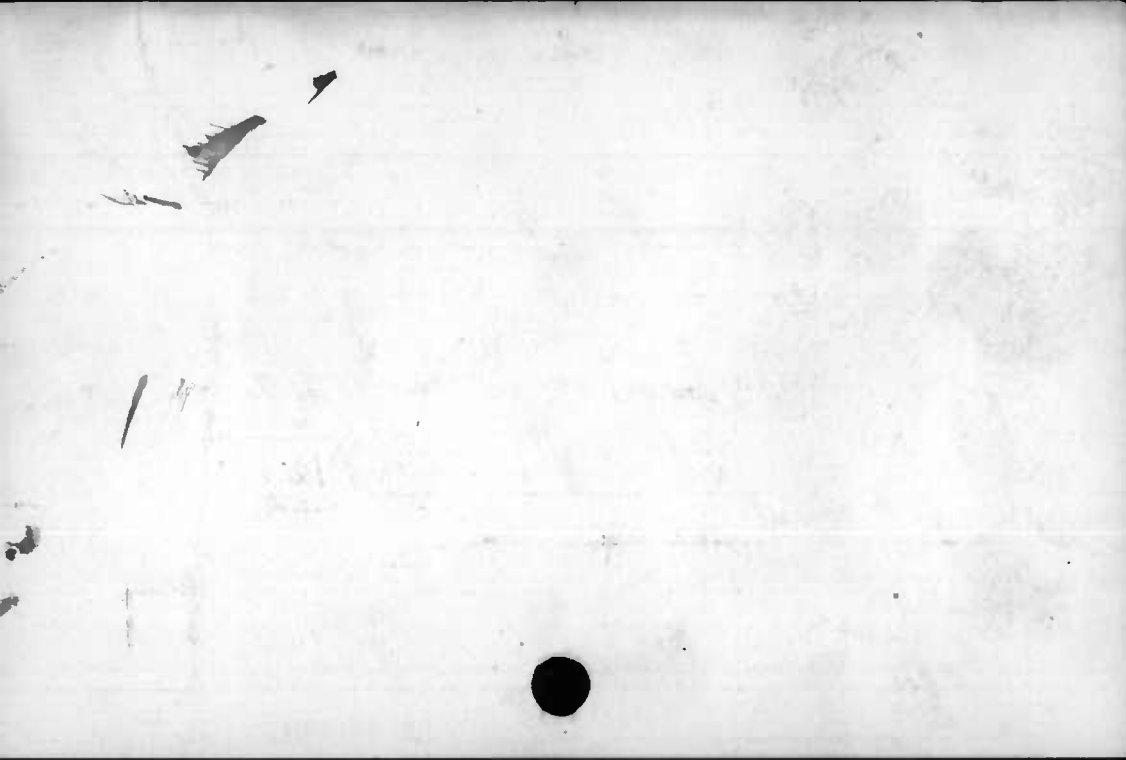
Immediate *Premature Birth* How long *10 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H.R. Bayer MD*

Address *Accident Md*

Accident or Suicide? *md*



Name
in
Full

Margaret O. Forman

CERTIFICATE OF DEATH

Died at *Underwood* Town*Garrett* County

MARYLAND

Date of death *1908 Aug 3*Age *15 weeks*

Months

Days

Sex *Female*Color or Race *White*Birth-place *Underwood*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's Name *Jno Forman*Father's Birthplace *Underwood*Mother's Maiden Name *Lulu Kitzmiller*Mother's Birthplace *Eglen, W. Va.*Name of person giving
Information *Bruna Barkman*How related
to deceased *Aunt*

CAUSES OF DEATH

105

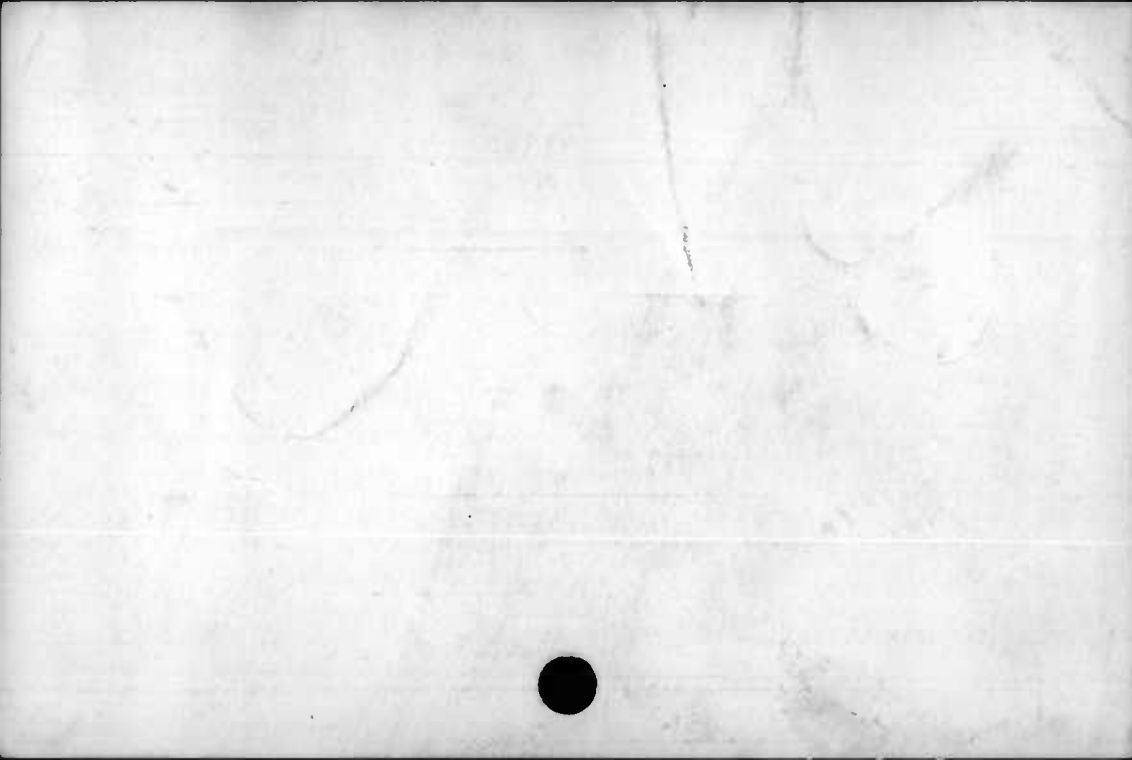
Primary *Acute Mier Infection*How long *5 days*Immediate *Toxaemia*How long *Short time*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. J. Legge
Garrett
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George H. Bauer.

CERTIFICATE OF DEATH

Town

Hauver

County

Barrett

MARYLAND

Date

of death 1908 August.

Month

Day

20

Age

Years

77

Months

5

Days

X

Sex

Male

Color or
Race

White

Birth-
place

Hauver.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rachel. Sell.

Father's
Name

John. Bauer.

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Stimpfle.

Mother's
Birthplace

Maryland

Name of person giving
In formation

Christina Lathrum

How related
to deceased

Daughter

CAUSES OF DEATH

154

Primary

Old age & Billiousness

How long

Immediate

Heart Failure

How long

Instant

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Cole -

Aurora, Ill.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

100



Name
in
Full

Julia Douglas (Coleman) Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

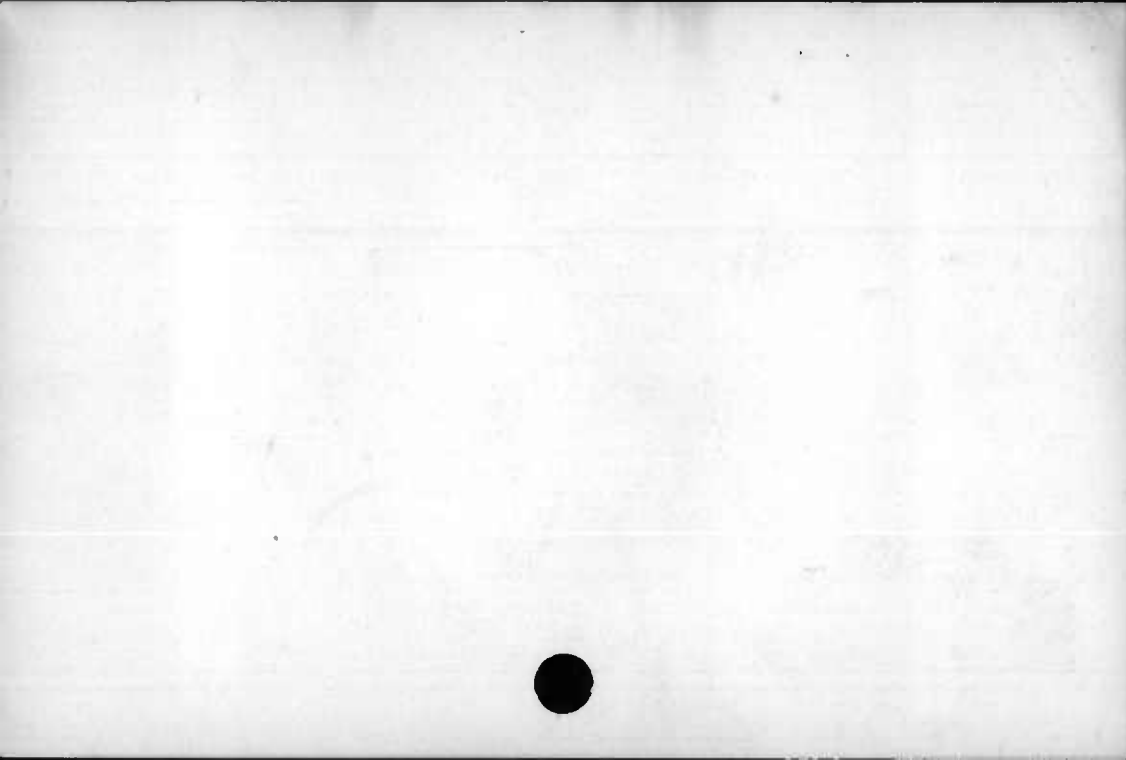
Died at		Oakland		County		Garrett County		MARYLAND	
Date	Month	Day	Years	Months	Days				
of death	1908	August	8	Age	66			1	25
Sex	female		Color or Race	White		Birth-place			
Occupation				Where Residing if not at place of death		919 Cathedral St. Baltimore Md			
Married, Single or Widowed		Married		Name of Wife or Husband		McHenry Howard			
Father's Name		Clayton Glanville Coleman				Father's Birthplace		Spottsylvania Co. Va.	
Mother's Maiden Name		Sarah Jerdone				Mother's Birthplace		Louisa Co. Va.	
Name of person giving information		McHenry Howard				How related to deceased		Husband	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral heart disease	How long	I don't know
Immediate	Cerebral Embolism & nothing	How long	Since July 17 th 1908
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. W. McComas
		Address	Oakland Md
Accident or Suicide?	✓		



Name
in
Full

Supaba King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at McLone Park TownCounty Yorres

MARYLAND

Date
of death 1908Month AugDay 13Age 92 YearsMonths 7

Days

Sex FemaleColor or
Race WhiteBirth-
place Allegheny Co. MdOccupation HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedName of ~~Wife~~ or
Husband Joseph KingFather's
Name UnknownFather's
Birthplace UnknownMother's
Maiden Name UnknownMother's
Birthplace UnknownName of person giving
In formation W.D. KingHow related
to deceased Grandson

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary age

How long

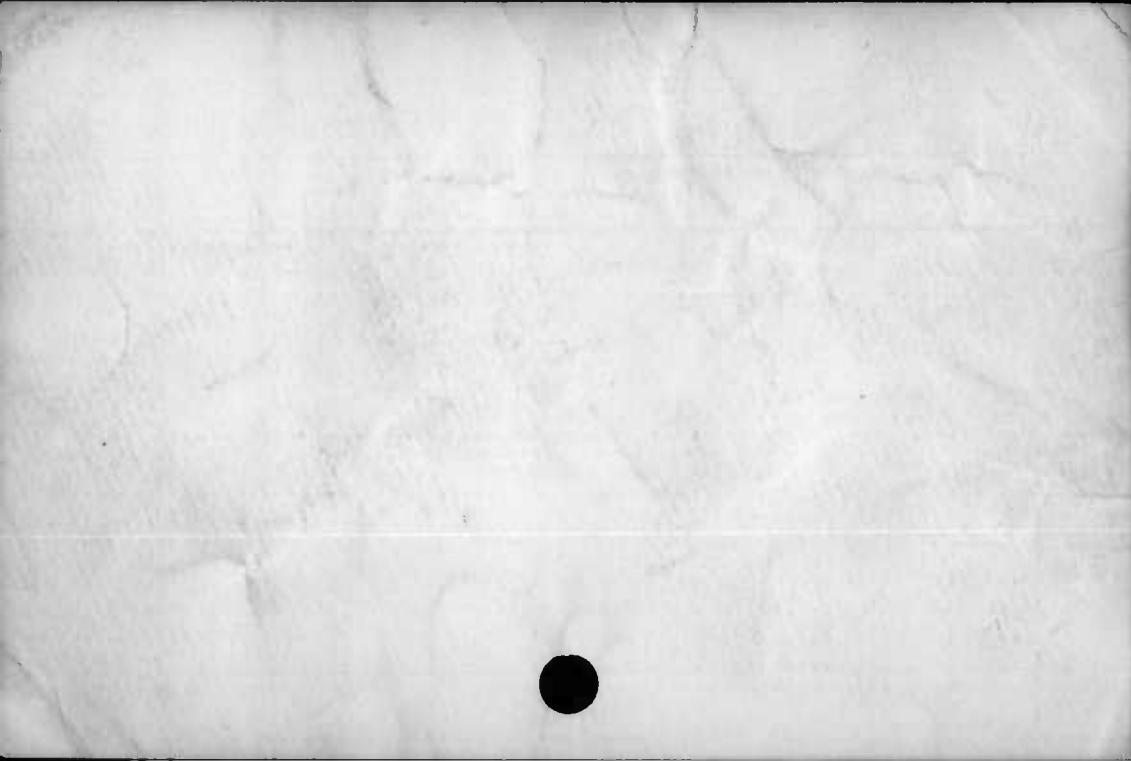
Immediate age

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician M. C. Henebaugh

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hausser</i> Town			County <i>Garrett</i>			MARYLAND	
Date of death	1908	Month <i>August</i>	Day <i>19</i>	Age <i>4</i>	Years	Months	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Hausser</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Martin</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Emma L. Arnhardt</i>		Mother's Birthplace <i>W. Va.</i>					
Name of person giving information <i>Hella C. Martin</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

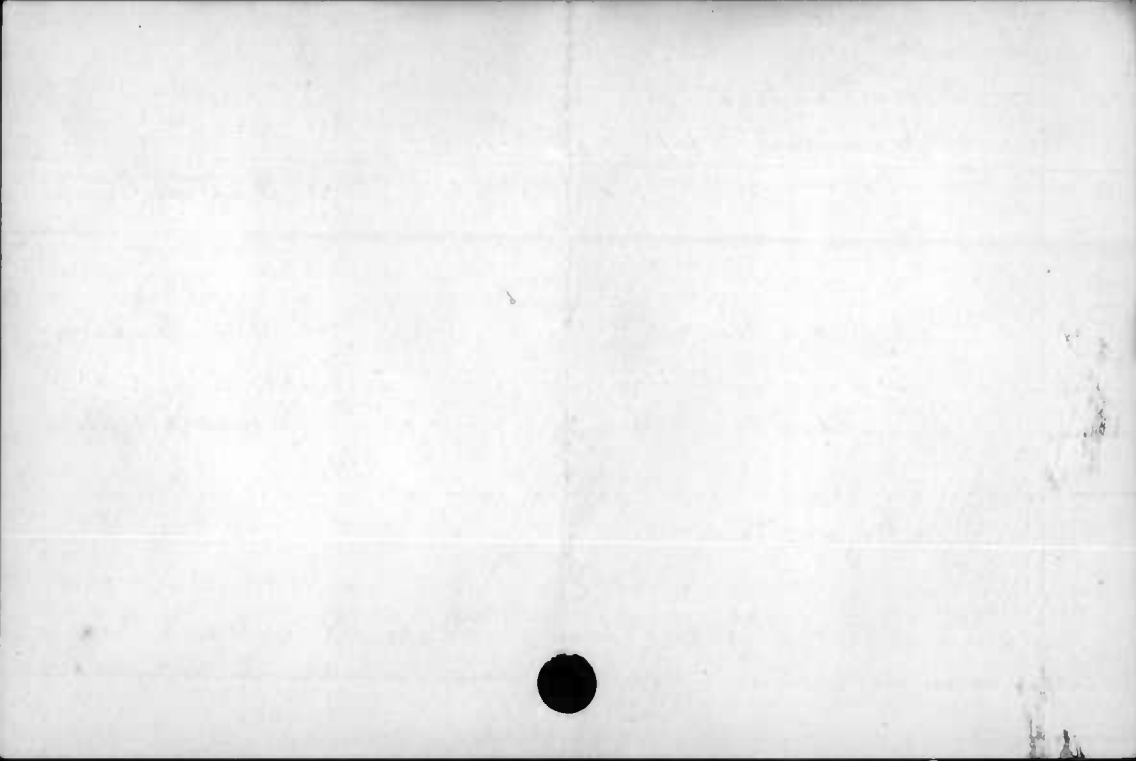
Primary <i>Peritonitis</i>	How long <i>6 days</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mandy Elizabeth Barton Moore

MARYLAND

Died at Deer Park ^{Town} Garrett ^{County}

Date of death 1908 Month August Day 25 Age 77 Years Months unknown Days

Sex Female Color or Race White Birthplace Barton, Ind.

Occupation House work Where Residing If not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Reuben Moore Father's Birthplace unknown

Mother's Maiden Name Mary Keesmer Mother's Birthplace "

Name of person giving information Mrs Wm. Mayle How related to deceased Wife by marriage

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

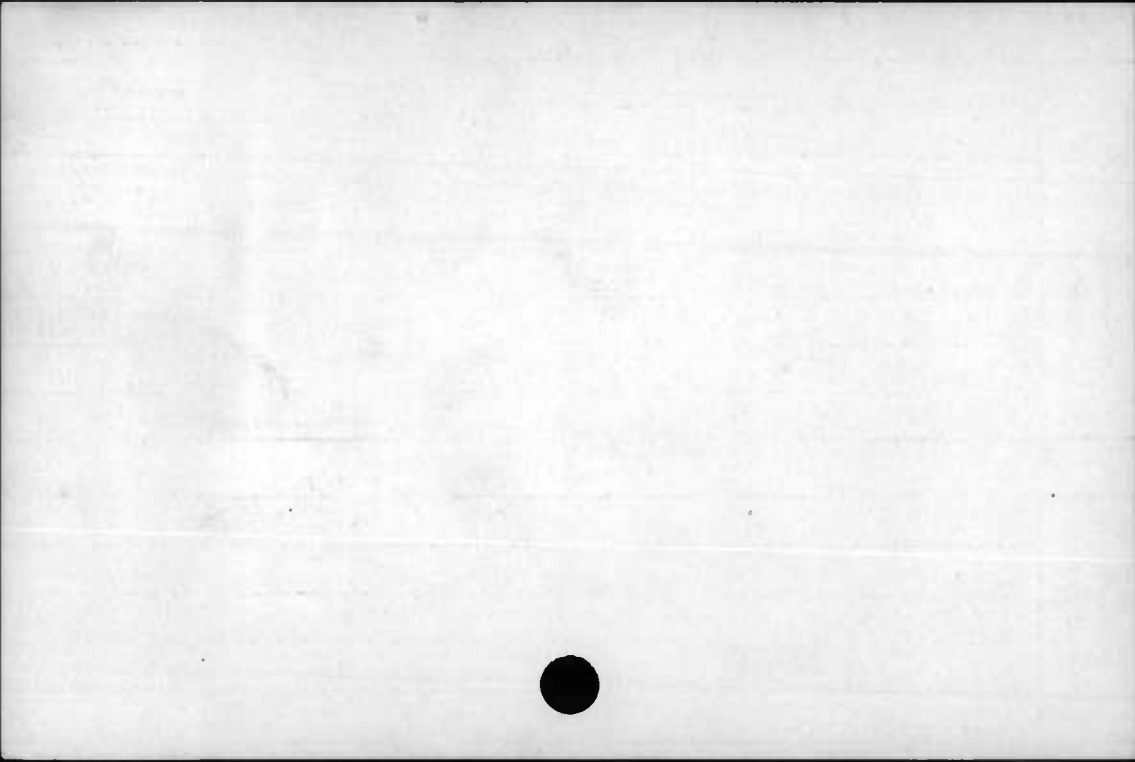
Primary Dysentery How long Three days

Immediate .. How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. E. Hinley Address Deer Park, Garrett Co.

Accident or Suicide?



Name
in
Full

Mrs. Mary Bowley Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *mt fore pore* TownCounty *Yorrt*Date of death *1908*Month *Aug*Day *27*Age *78*Years *78*Months *2*

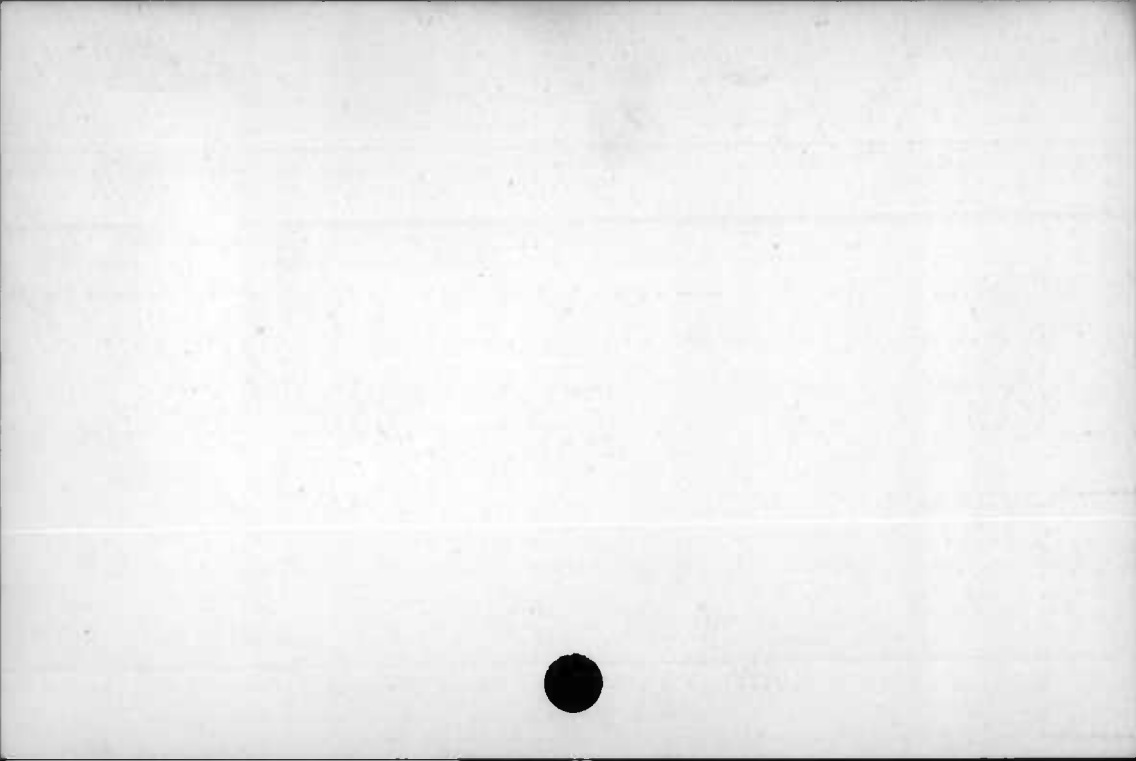
Days

Sex *Female*Color or Race *white*Birth-place *Unknown*Occupation *Housewife*Where Residing if not at place of death *Baltimore Md*Married, Single or Widowed *Married*Name of Wife or Husband *Geo C Richardson*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *Geo C Richardson*How related to deceased *Husband*

CAUSES OF DEATH

(178)

Primary *Heart disease*How long *How long*Immediate *Heart disease*How long *Sudden*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *M. C. Hiebert*Address *Oakland Md*Accident or Suicide? *No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

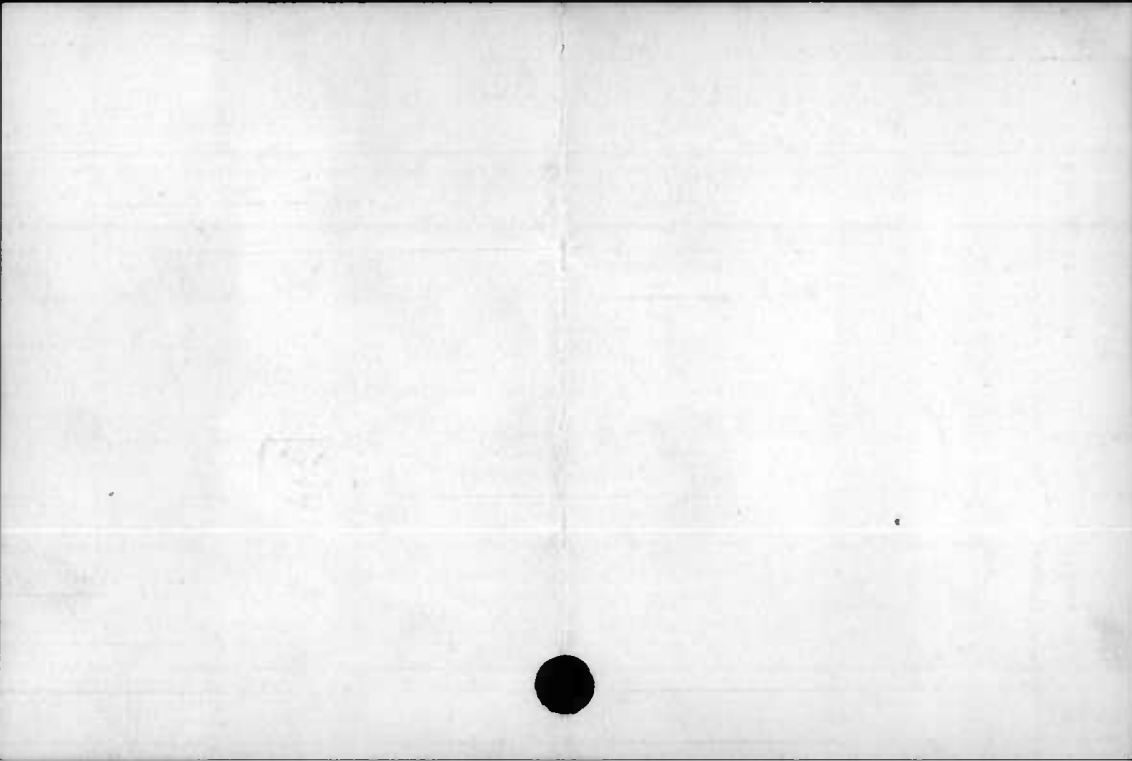
Name in Full <i>Ethel Sanderson.</i>		Town <i>Silver Knob</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Silver Knob</i>		Month <i>August</i>		Day <i>31</i>		Years <i>6</i>	
Date of death <i>1908</i>		Age <i>2</i>		Months <i>6</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Silver Knob</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>W. J. Sanders</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Maggie L. Welsh</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving information <i>David E. Sanders</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>5 days</i>
Immediate	<i>Enteritis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Cole</i>	
		Address <i>W. Va</i>	
Accident or Suicide?			



Name
in
Full

Jeremiah Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Trinidadville</i>		Town <i>Barrett</i>		County		MARYLAND	
Date of death	1908	Month	August	Day	3	Age	68
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>7</i> Days <i>15</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary J. Savage</i>					
Father's Name <i>Amos Savage</i>		Father's Birthplace <i>MD</i>		Mother's Maiden Name <i>Catharine Castle</i>			
Mother's Maiden Name <i>Catharine Castle</i>		Mother's Birthplace <i>MD</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Mary J. Savage</i>							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Years</i>
Immediate <i>Acute of Larynx</i>	How long <i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Londonbaugh</i>
	Address <i>Addison Pa</i>
Accident or Suicide?	

B. Ruai

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1905		Aug	18	72	4	11	
Sex	male	Color or Race	white		Birth-place	Germany	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband				
Catharine Schlossnagle							
Father's Name	Michael Schlossnagle				Father's Birthplace	Germany	
Mother's Maiden Name	Don't know				Mother's Birthplace	don't know	
Name of person giving information	S. K. Schlossnagle				How related to deceased	Son	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility & Rheumatism		How long	2 years
Immediate	Senility & exhaustion		How long	1-week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			H. R. Boyer M.D.	
			Address	
			Accident	
Accident or Suicide?		md -		

Case

Name in Full		Hauster		Sebold		CERTIFICATE OF DEATH	
Died at		near ^{Town} Hoyer		County		Garrett	
Date of death		1906		Age		26	
Month		Aug		Years		8	
Sex		Male		Color or Race		White	
Occupation				Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George E. Sebold		Father's Birthplace		Md	
Mother's Maiden Name		Levina A Magidigan		Mother's Birthplace		Md	
Name of person giving information		George E. Sebold		How related to deceased		Father	
<div>CAUSES OF DEATH</div> <div>104</div>							
Primary		Acute indigestion		How long		36 hrs	
Immediate		Acute indigestion		How long		36 hrs	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. R. Langer MD	
				Address		Adelphi Md.	
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Calhoun University of Hays

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Not married</i>		Warder			
Died at <i>Deer Park Md</i>		Town <i>Garrett</i>		County	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>23</i>	
Age <i>7</i>		Years <i>11</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Deer Park</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Minnie Tharder</i>			
Father's Name <i>A. S. Tharder</i>		Father's Birthplace <i>Granton Md</i>			
Mother's Maiden Name <i>Minnie M. Thaw</i>		Mother's Birthplace <i>Granton Md</i>			
Name of person giving information <i>A. S. Tharder</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>8</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. S. Tharder</i>
		Address <i>Granton Md</i>
Accident or Suicide?	<i>—</i>	

